

Baird Stands Up to Protect Children's Health Care Program; Urges President Not to Veto Legislation Funding Critical Programs for Millions of Uninsured Low-Income Children (September 25, 2007)

Washington, D.C. - As a former health care professional, Congressman Brian Baird (WA-03) has long championed initiatives to provide health care to those who need it most. Today, he stood with colleagues from both sides of the aisle to pass the bipartisan, House-Senate agreement on the State Children's Health Insurance Program Reauthorization Act of 2007, which would provide 10 million low-income uninsured children with coverage. The program is slated to expire on Sunday, September 30, and President Bush has threatened to veto the legislation.

"Today my colleagues and I took a bold step to help low-income families receive health care for their children," said Baird. "And while the President claims this bill is fiscally irresponsible, he has not once shown fiscal responsibility or restraint. Now he's placing years of soaring deficits and debt square on the shoulders of millions of uninsured children. Our children are our most precious resource, and now is not the time to be playing politics with their welfare."

Earlier this year, Congressman Baird joined other members of the Washington delegation to include a provision that would more than double federal funds available to the state. Until now, Washington and 10 other states were penalized for expanding health insurance coverage to children in families with incomes just over the poverty line before SCHIP was enacted in 1997. Since enactment, the state has had to fight every few years to spend unused federal funds. States that didn't cover these children a decade ago have had no such limitation on the use of federal SCHIP funds. A permanent fix to this inequity was secured in August by the delegation.

"We were able to correct a long-standing and costly injustice for the SCHIP program by securing more money for Washington state children," said Baird. "Now, more Washington families will be eligible for services, and more children will receive health care coverage."

As agreed to the agreement would:

Invest \$35 Billion in New Funding for SCHIP. The agreement reauthorizes the State Children's Health Insurance Program, investing an additional \$35 billion over the next five years to strengthen SCHIP's financing, increase health insurance coverage for low-income children, and improve the quality of health care children receive. This will allow SCHIP to provide coverage for families of four up to 300% of the federal poverty level.

Lower the Rate of Uninsured Low-Income Children. The bill ensures that the 6.6 million children who currently participate in SCHIP continue to receive health coverage, and that 3.4 million new children will be eligible for benefits.

Improve Access to Benefits for Children (Dental Coverage/Mental Health Parity). Quality dental coverage will be provided to all children enrolled in SCHIP. The agreement also ensures states will offer mental health services on par with medical and surgical benefits covered under SCHIP.

§ 102 Prioritize Children's Coverage. The agreement makes several modifications as it relates to eligibility.

- o Pregnant Women: The agreement provides coverage to pregnant women as a new state option.

- o Parents: The agreement prohibits any new waivers to cover parents in the SCHIP program. States that have received waivers to cover low-income parents under SCHIP will be allowed to transition parents into a separate block grant. The federal match for services to parents covered through SCHIP will be reduced.

- o Childless Adults: The agreement retains current law that prohibits waivers to cover childless adults. Currently covered childless adults will transition off SCHIP. For states that have received SCHIP waivers to cover childless adults, the agreement terminates those waivers after a one-year period, provides temporary Medicaid funding for already-enrolled adults, and allows states to apply for a Medicaid waiver for coverage.

§ 103 Provides States With Incentives to Lower the Rate of Uninsured Low-Income Children. Under the financing structure, states will receive state-based allotments that are responsive to state demographic and national spending trends and allow additional up-front funding for states planning improvements. States that face a funding shortfall and meet enrollment goals will receive an adjustment payment to ensure that no child who is eligible for Medicaid or SCHIP is denied coverage or placed on a waiting list. The formula also sets in place new overall caps on federal funding to ensure the program's expenditures do not exceed the amounts authorized. The agreement provides incentives for states to lower the rate uninsured children by enrolling eligible children in SCHIP or Medicaid.

§ 104 Replaces CMS August 17th Letter to States. The agreement gives states time and assistance in developing and implementing best practices to address crowd-out. The agreement also puts the lowest income children first in line by phasing in a new requirement for coverage of low-income children as a condition of receiving SCHIP funding for coverage of children above 300 percent of the poverty level.

§ 105 Improve Outreach Tools to Simplify and Streamline Enrollment of Eligible Children. The agreement provides \$100 million in grants for new outreach activities to states, local governments, schools, community-based organizations, safety-net providers and others.

§ 106 Improve the Quality of Health Care for Low-Income Children. The agreement establishes a new quality child health initiative to develop and implement quality measures and improve state reporting of quality data.

§ 107 Improve Access to Private Coverage Options. The agreement expands on current premium assistance options for states. The agreement allows states to offer a premium assistance subsidy for qualified, cost-effective employer-sponsored coverage to children eligible for SCHIP and who have access to such coverage. It also changes the federal rules governing employer-sponsored insurance to make it easier for states and employers to offer premium assistance programs.

The Senate is expected to vote on the agreement this week.

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